

DAILY COPY ORDER

AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS			FOR COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE:
Please Read Instructions:						
1. NAME Peggy Groskop			2. PHONE NUMBER 314-8182		3. DATE 3/28/2024	
4. DELIVERY ADDRESS OR EMAIL pgroskop@walttieder.com			5. CITY McLean		6. STATE VA	7. ZIP CODE 22102
8. CASE NUMBER 7:21-cv-00272		9. JUDGE Tipton		DATES OF PROCEEDINGS 10. FROM 3/28/2024 11. TO 3/28/2024		
12. CASE NAME General Land Office v. Beden, et al			LOCATION OF PROCEEDINGS 13. CITY McAllen 14. STATE TX			
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER						
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				Entire Hearing		3/28/24
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
4-DAY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
3-DAY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional)				ESTIMATE TOTAL		0.00
18. SIGNATURE Peggy Groskop				PROCESSED BY <i>RICK RODRIGUEZ</i>		
19. DATE 3/28/2024				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY <i>TRINITY</i>				COURT ADDRESS		
ORDER RECEIVED	DATE	BY				
DEPOSIT PAID			DEPOSIT PAID			
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00		
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00		
DISTRIBUTION:		COURT COPY	TRANSCRIPTION COPY	ORDER RECEIPT	ORDER COPY	